

## United States Department of the Interior

NATIONAL PARK SERVICE Isle Royale National Park 800 East Lakeshore Drive Houghton, Michigan 49931-1869

Dear Special Use Permit (SUP) Holder:

You may be using a Release of Liability Form, or an Acknowledgement of Risk Form that you ask your customers to sign. Below are the NPS guidelines associated with these forms and we are requiring that your form be submitted to us for review. It's important to note that the SUP holder may not request or require customers to sign a liability waiver form, insurance disclaimer and/or indemnification agreement. For your form to be approved for use it must meet the NPS Special Use Permit standards listed below:

## Visitor's Acknowledgement of Risk

- 1. The SUP holder may require guests to sign a Visitor's Acknowledgement of Risks form.
- 2. The Service-approved sample Visitor's Acknowledgement of Risks form is provided as an Attachment to this letter.
- 3. The SUP holder will submit to the Park for approval its proposed Visitor's Acknowledgement of Risks form, if any, by June 1, 2011. This form can be sent to Isle Royale National Park, 800 East Lakeshore Drive, Houghton, MI 49931 to the attn. of Wesley Tavegia, or by emailing the form to Wesley at Wesley\_Tavegia@nps.gov
- 4. Provide the NPS at least 30 days in advance of any proposed changes in the form.
- 5. If no Visitor's Acknowledgement of Risks form will be used, the SUP holder will advise the park.
- 6. The SUP holder *may not* request or require guests participating in activities to sign a liability waiver form, insurance disclaimer and/or indemnification agreement.

Thank you for your support and if you have any questions please contact Wesley Tavegia at Wesley\_Tavegia@nps.gov or by calling 906/487-7178.

Sincerely, Wesley Tavegia Isle Royale National Park Administrative Support Assistant

## **EXHIBIT 2:** Sample Acknowledgement of Risk Form

## **VISITOR'S ACKNOWLEDGEMENT OF RISKS**

In consideration of the services of	their	officers, agents, employees, and
stockholders, and all other persons or e		se businesses (hereafter collectively
	ee as follows:	
		o provide me with appropriate
equipment and skilled guides so I can e		
		nout risk. Certain risks are inherent in
each activity and cannot be eliminated		
inherent risks are some of the same ele		
can be the cause of loss or damage to		
permanent trauma or death.		
enthusiasm for this activity, but believes		
be informed of the inherent risks. The fo	ollowing describes some, b	out not all, of those risks.
[enter description of risks]		
I am aware that		r death to any participant. I understand
the description of these inherent risks is	s not complete and that oth	ner unknown or unanticipated inherent
risks may result in injury or death. I agre	ee to assume and accept f	ull responsibility for the inherent risks
identified herein and those inherent risk	s not specifically identified	. My participation in this activity is
purely voluntary; no one is forcing me to	o participate, and I elect to	participate in spite of and with full
knowledge of the inherent risks.		
I acknowledge that engaging in this act	ivity may require a degree	of skill and knowledge different from
other activities and that I have responsi	bilities as a participant. I a	cknowledge that the staff of
has been av	ailable to more fully explai	n to me the nature and physical
demands of this activity and the inherer	nt risks, hazards, and dang	ers associated with this activity.
I certify that I am fully capable of partici	pating in this activity. There	efore, I assume and accept full
responsibility for myself, including all m	inor children in my care, cu	ustody, and control, for bodily injury,
death, or loss of personal property and	expenses as a result of the	ose inherent risks and dangers identified
herein and those inherent risks and dar	ngers not specifically identi	fied, and as a result of my negligence in
participating in this activity. I have caref	ully read, clearly understoo	od, and accepted the terms and
		all be effective and binding upon me, my
heirs, assigns, personal representative,		
children.		, ,,
		-
Signature	Date	
Signature of Parent of Guardian, if participa	nt is under 18 years of age	
Signature	Date	-